



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
Fax (225) 342-3078  
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR  
APPLICATION TO ACT AS A  
RISK PURCHASING GROUP  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing Division  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
Phone: (225) 219-7549  
Fax: (225) 219-9322  
E-mail Address: [gbuchanan@ldi.state.la.us](mailto:gbuchanan@ldi.state.la.us)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms

- 4) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 5) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 6) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 7) We must be notified of any changes in the company or the information submitted in association with this application which occurs while the application is under review. This includes changes in officers and directors and changes in address or domicile. Failure to notify us of such changes may result in disapproval of the application.
- 8) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 9) All of the pages from the enclosed Application must be returned with the submittal. The forms may be reproduced as needed.
- 10) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

## **FILING OF RATES AND FORMS**

If the applicant group will be purchasing insurance from a company admitted in Louisiana, the rates and forms must be filed with the appropriate divisions of this Department before the group begins doing business. Use of rates and forms which have not been approved by this Department is a violation of the Insurance Code and will be treated as such.

## **NOTIFICATION OF REGISTRATION**

This Department will notify the applicant when the registration process is complete. Until the company receives this notification, it is not registered in this state and may not transact business in this state.

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the application package and process.

**Q: Where can I find the laws and regulations governing insurance in Louisiana?**

**A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect insurers and insurance can be found in that Title. Copies of the Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.**

**National Insurance Law Service  
P.O. Box 2507  
Chatsworth, CA 91313  
1-800-423-5910**

**Q: What is the time-frame for the review of an application?**

**A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from thirty (30) to sixty (60) days from receipt of a complete application. Please take this time-frame into account when considering deadlines and operation schedules for the applicant.**

**Q: We began filing an application previously but never completed the registration process. Can we use any of the documentation submitted in association with that application again?**

**A: No. Once an application is disapproved, for any reason, the file is closed and the information submitted cannot be used in subsequent applications.**

**Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?**

**A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. HOWEVER, Upon request the Department can make arrangements to send the forms via e-mail in Microsoft Word ® format. ANY changes to the content of the form will result in the immediate disapproval of the application and forfeiture of all fees.**

## **COMMON QUESTIONS CONTINUED**

**Q: Can we meet with the Department for a preliminary review of our application prior to submission?**

**A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.**

**Q: If the group is placing business with an insurer which is an approved surplus lines insurer in Louisiana, must the business be placed through a licensed surplus lines broker?**

**A: Yes. All business placed with a surplus lines company in Louisiana must be placed using a surplus lines broker licensed in Louisiana.**



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**APPLICATION TO ACT AS A  
RISK PURCHASING GROUP  
IN THE STATE OF LOUISIANA**

**General Information (Type or Print)**

COMPANY NAME: \_\_\_\_\_

FEIN NO.: \_\_\_\_\_ DOMICILE: \_\_\_\_\_

HOME OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NAME†: \_\_\_\_\_ CONTACT TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

† This Office will only communicate with the named contact person.

FEES	
Initial Application *	\$ 100.00
<u>Total Amount This Check</u>	
* If the domiciliary state of the group charges an amount greater than \$100.00 for registration of a Louisiana domiciled purchasing group the fee for registration in Louisiana is equal to that greater fee.	

## SECTION 1 - LIST OF INSURERS FROM WHICH THE GROUP IS PURCHASING

Below provide the name and NAIC number of each insurer from which the group will be purchasing

COMPANIES FROM WHICH PURCHASING (List all companies from which group is purchasing)		
Company Name	Domicile	FEIN

## SECTION 2 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, five percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	

## SECTION 3 - ATTACHMENTS

In order to be processed, this application must have the following items attached.

**EXHIBIT A - LETTER OF GOOD STANDING** from the proper official of the domiciliary state confirming registration of the group as a purchasing group in that state. This letter should be sent directly to this Office from the proper official of the domiciliary state.

**EXHIBIT B - APPOINTMENT OF AGENT FOR SERVICE OF PROCESS** form properly completed.

## SECTION 4 - INTERROGATORIES

All of the following questions must be answered for every applicant.

1) Has the applicant ever had an application denied by any insurance regulatory authority? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever changed its name? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has any person who is presently an officer, director or owner of 10% or more of the applicant ever been convicted or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Does the group have as one of its purposes the purchase of liability insurance on a group basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Will the group be purchasing such liability insurance only for its members and only to cover their similar or related liability exposure as described in this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Is the applicant presently licensed as an insurance agent or broker in any state or jurisdiction? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO



## SECTION 5 - GENERAL INFORMATION

1) Give a general description of the common business or activities engaged in by the group members.

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2) Give a list of the lines and classifications of liability insurance which the group will be purchasing.

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3) Give the name and address and Louisiana License number of the agent through which the group will be purchasing insurance.  
If the group will be purchasing from a surplus lines company, give the name, address and Louisiana license number of the broker from which the group will be purchasing.

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License #

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# NOTARIZATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_ who, after being duly sworn, did depose and say that all information contained in this application  
and all attachments thereto is, to the best of his knowledge, true, complete and correct.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Group President

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name of Group President

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Group Secretary

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name of Group Secretary

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_

ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE A VIOLATION OF 42 USCA 1033 (a) (1).
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## Risk Purchasing Group Retaliatory Fee Schedule

Only states with fees that are greater than those imposed by Louisiana Law are included herein. If a state is not listed the annual renewal fee is \$50.00. All determinations are made based upon the state of domicile of the group as indicated in the application.

If domiciled in.....	Annual renewal fee is....
Alaska	\$200.00
Arkansas	\$100.00
California	\$200.00
Idaho	\$100.00
Maine	\$100.00
Massachusetts	\$125.00
Nebraska	\$100.00
New Mexico	\$200.00
Oregon	\$100.00
Oklahoma	\$400.00
Utah	\$100.00
Washington D.C.	\$250.00
West Virginia	\$100.00
Wyoming	\$200.00



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**APPOINTMENT OF AGENT  
TO ACCEPT SERVICE OF PROCESS  
FOR LOUISIANA FOR A RISK PURCHASING GROUP**

KNOW ALL YE PERSONS BY THESE PRESENTS:

That the \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_ now authorized or having applied for authority to transact  
business in the State of Louisiana, in conformity with the insurance law thereof, does hereby make, constitute and appoint the  
Commissioner of Insurance of said State, or his successor in office, its true and lawful ATTORNEY, in and for the State of  
Louisiana, on whom process of law, whether menses or final, against said \_\_\_\_\_  
may be served in any action or special proceedings in the State of Louisiana, subject to and in accordance with all the provisions  
and statutes and laws in said State of Louisiana, and such other acts as may be hereafter passed amendatory thereof, and  
supplementary thereto. And the said Attorney is hereby duly authorized and empowered, as the Agent of said

\_\_\_\_\_ to receive and accept service of process in all cases as provided for by the said laws, and such service shall be deemed valid  
personal service upon said \_\_\_\_\_

This appointment is to continue in force for the period of time and in the manner provided by the statutes of the State of  
Louisiana.

IN WITNESS WHEREOF, The said \_\_\_\_\_ in  
accordance with the resolution of the Board of Directors duly passed on the  
\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_ (a certified copy of which is hereto attached),  
has to these presents affixed its Corporate Seal, and caused the same to be subscribed  
and attested by its President and Secretary at the City of  
\_\_\_\_\_ in the State of \_\_\_\_\_ on the  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Secretary's Printed Name

\_\_\_\_\_  
President's Printed Name

APPLICATION TO ACT AS A RISK PURCHASING GROUP IN LOUISIANA

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

CITY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_, before me, the subscriber, a \_\_\_\_\_  
duly appointed to take the proof and acknowledgement of Deeds and other instruments came

\_\_\_\_\_, President, and  
\_\_\_\_\_, Secretary, of  
\_\_\_\_\_

to me personally known to be the individuals described in and who executed the preceding instruments; and they each duly  
acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself, depose and saith,  
that they are the said officers of the \_\_\_\_\_  
aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of the said

\_\_\_\_\_ and that the said Corporate Seal  
and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the  
said \_\_\_\_\_.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company President's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company President's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company Secretary's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company Secretary's Printed Name

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_

**CERTIFIED COPY** of a Resolution duly passed by the Board of Directors of the \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_.

At the meeting of the Board of Directors of the \_\_\_\_\_ held on the  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_, at the city of \_\_\_\_\_ in the State of \_\_\_\_\_  
\_\_\_\_\_ a quorum of the said Board was present and on motion the following Resolution was duly passed by said  
Board:

"RESOLVED, That this \_\_\_\_\_ now authorized, or having  
applied for authority to transact business in the State of Louisiana, in conformity with the laws thereof, does hereby authorize the  
President and Secretary, under the Corporate Seal of the \_\_\_\_\_  
to make, constitute and appoint the Commissioner of Insurance of the State of Louisiana, or his successor in office, its true and  
lawful ATTORNEY, in and for the State of Louisiana, on whom all process of law, whether mesne or final, against said  
\_\_\_\_\_ may be served in any action or  
special proceedings against said \_\_\_\_\_ in  
the State of Louisiana, subject to and in accordance with all the provisions of the insurance laws of the State of Louisiana; and the  
said attorney is duly authorized and empowered, as the Agent of said \_\_\_\_\_  
to receive and accept service of process in all cases as provided by the laws of the State of Louisiana, and such service shall be  
deemed valid personal service upon said \_\_\_\_\_.  
This appointment to continue in force for the period of time and in the manner provided by the statutes of the State of  
Louisiana."

**I HEREBY CERTIFY**, That the above is a correct copy of the Resolution of the Directors  
of \_\_\_\_\_ authorizing  
appointment of an Attorney for the State of Louisiana.

\_\_\_\_\_  
Company Secretary's Signature

\_\_\_\_\_  
Company Secretary's Printed Name